

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
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10	/					
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6

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

11



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

17



	IND	DEP	IND	DEP	IND	DEP
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